

Extension (months)	Fee for other than small entity	Fee for small entity
___ one month	\$ 110.00	\$ 55.00
___ two months	\$ 410.00	\$205.00
___ three months	\$ 930.00	\$465.00
___ four months	\$1,450.00	\$725.00

\_\_\_ Attached is a check in the amount of \$\_\_\_ for the three month extension fee as required by 37 C.F.R. § 1.17(c).

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

\_\_\_ An extension for \_\_\_ months has already been secured and the fee paid thereof of \$\_\_\_ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$\_\_\_.

OR

(b) XX Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

XX If any additional fee for claims or extension of time is required, charge Account No. 23-3000. A duplicate of this transmittal is attached.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

Beverly A. Lyman

Beverly A. Lyman, Ph.D.

Reg. No. 41,961

2700 Carew Tower  
441 Vine Street  
Cincinnati, OH 45202  
513-241-2324  
513-421-7269 - facsimile

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	15	MINUS	22	= 0	x \$9	\$0	x \$18	\$0
INDEP.	2	MINUS	2	= 0	x \$42	\$0	x \$84	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$135	\$0	+ \$270	\$0
TOTALS					TOTAL FEE	\$0	TOTAL FEE	\$0

- ☆ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 ☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 ☆☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

  X   No additional fee for claims is required.

4. Attached is a check in the sum of \$\_\_\_\_\_.

\_\_\_\_\_ Please charge my Deposit Account No. 23-3000 in the amount of \$\_\_\_\_\_.

A duplicate copy of this sheet is attached.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

**Certificate of Facsimile**

I hereby certify that this correspondence is being deposited via facsimile to The Honorable Commissioner in the United States Patent and Trademark Office, Attention: Dameron L. Jones whose telephone number is (703) 308-4640 and fax number is (703) 872-9306 on October 14, 2003.

Rhonda A. Etienne 10/14/03  
Rhonda A. Etienne Date

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Achilefu et al.  
Serial No: 10/071,779  
Filed: February 7, 2002  
Confirmation No.: 4257  
Art Unit: 1616  
Examiner: Jones, Dameron L.  
Title: **DYE-BIOCONJUGATES FOR SIMULTANEOUS OPTICAL  
DIAGNOSTIC AND THERAPEUTIC APPLICATIONS**  
Atty Docket: MRD-75

Cincinnati, Ohio 45202

October 14, 2003

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**AMENDMENT**

1. Transmitted herewith is an amendment for this application.
2.        Small Entity status is claimed.  
  X   Other than a Small Entity.
3. The fee has been calculated as shown below:

Page 1 of 3

**OFFICIAL****RECEIVED  
CENTRAL FAX CENTER  
OCT 14 2003**

OCT. 14. 2003 12:46PM

513 241 6234

NO. 7389 P. 5

#5A  
n.n.  
11/13/03

**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is being deposited via facsimile to The Honorable Commissioner in the United States Patent and Trademark Office, Attention: Dameron L. Jones whose telephone number is (703) 308-4640 and fax number is (703) 872-9306 on October 14, 2003.

Rhonda A. Etienne 10/14/03  
Rhonda A. Etienne Date

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Achilefu et al.  
Serial No.: 10/071,779  
Filed: February 7, 2002  
Group Art Unit: 1616  
Confirmation No.: 4257  
Examiner: Jones, Dameron L.  
Title: **DYE-BIOCONJUGATES FOR SIMULTANEOUS OPTICAL  
DIAGNOSTIC AND THERAPEUTIC APPLICATIONS**  
Our Ref. No.: MRD-75

Cincinnati, OH 45202

October 14, 2003

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**AMENDMENT**

In response to the Office Action mailed July 14, 2003 in the above-referenced application, applicants respond as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begin on page 13 of this paper.

**Remarks/Arguments** begin on page 20 of this paper.